Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R B. WING HAL080006 04/17/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 909 N SALISBULRY AVENUE **BETHAMY RETIREMENT CENTER** SPENCER, NC 28159 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 000} Initial Comments {C 000} Report of Follow-up Survey by Dennis Harrell on 4-17-2015. Not all deficiencies were corrected. Further action is required. {C 101} Existing Licensed Fac- No less than '71 Rules {C 101} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction. change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by: 1. Based on observation, the building fire protection equipment was not maintained in a safe manner. This would effect all residents by not detecting smoke and activating the fire alarm or obstructing sprinkler coverage. Findings on 02/04/2015: The office closet has no sprinkler, heat detector, or smoke detector. Provide sprinkler coverage in

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this closet.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY						
AND PLAN OF CORRECTION IDENTIFICATION NUMBER		IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED					
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HAL080006		B. WING		R 04/17/2015						
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NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE, ZIP CODE							
909 N SALISBULRY AVENUE										
BETHAMY RETIREMENT CENTER SPENCER, NC 28159										
()(4) ID	CLIMMA DV CTA				NI.	(УБ)				
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE				
TAG			TAG	CROSS-REFERENCED TO THE APPROPRIATE		DATE				
				DEFICIENCY)						
{C 101}	Continued From page 1		{C 101}							
{C 101}	Continued From page 1		{C 101}							
	Finding on 4-17-20	15:								
	There is still no fire	detecting device in the office								
	closet.	3								
{C 189}	{C 189} Building Equipment Maintained Safe, Operating		{C 189}							
(0 100)	Dallaling Equipment	. Maintained Gale, Operating	(0 100)							
	SECTION .0300 - F	PHYSICAL PLANT								
	10A NCAC 13F .03									
	REQUIREMENTS	II OTTLIC								
		d all fire safety, electrical,								
		umbing equipment in an adult								
	care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing									
		ception of Paragraph (e)								
		,								
	which shall not apply to existing facilities.									
	This Rule is not met as evidenced by:									
	3. Based on observation, the building exit signage and emergency illumination were not									
		maintained in a safe manner. This would effect all residents by not keeping the exits visible in an								
	-	keeping the exits visible in an								
	emergency.									
	Findings on 02/04/2015:: Exit signs and emergency lights are not working in the following locations:									
	c) There is no emergency lighting in the south dining room which was constructed in 1997.									
	uning room writen	was constructed in 1997.								
	Finding on 4-17-2015:									
There was still no emergency lighting in the South										
	Dining Room.	and gency lighting in the South								
	Daning Room.									
0.404	Harris de J. O. D. 1997	la Elan Hanton B. 199 1	0.404							
C 191	unvented & Portab	le Flec Heaters Prohibited	C 191							

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED					
		HAL080006	B. WING			R 17/2015					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 909 N SALISBULRY AVENUE SPENCER, NC 28159											
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE					
C 191	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (b) There shall be a maintain 75 degree winter design condi following shall apply appliances. (2) Unvented fuel to portable electric he (k) This Rule shall facilities with the ex which shall not app This Rule is not me Based on observati electric heaters bein	PHYSICAL PLANT 11 OTHER a heating system sufficient to s F (24 degrees C) under tions. In addition, the y to heaters and cooking ourning room heaters and aters are prohibited. apply to new and existing acception of Paragraph (e) ly to existing facilities. et as evidenced by: on, there were 2 portable ng stored in room 8. Portable we the potential of being	C 191								

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